

Health Risks Among North Carolina Adults: 2001

A Report from the Behavioral Risk Factor Surveillance System

Introduction

The Behavioral Risk Factor Surveillance System (BRFSS) is a random telephone survey of adults. It is designed to collect information about health status, health behaviors, and use of health services that relate to the leading causes of illness and death in North Carolina and the United States. The North Carolina Division of Public Health has participated in the BRFSS since 1987. The BRFSS is a cooperative agreement with the Centers for Disease Control and Prevention (CDC) in which all 50 states, the District of Columbia, and three United States territories now participate.

The 2001 North Carolina Behavioral Risk Factor Surveillance System survey was the state's largest BRFSS to date, both in terms of the number of interviews conducted and questions included in the survey (see Questionnaire section). The survey was expanded from 3,016 interviews in 2000 to 6,205 interviews in 2001. The purpose of this expansion was to produce estimates for counties, smaller groups of minority populations, such as Latinos, and other demographic subgroups. For the first time, the NC-BRFSS over-sampled 10 of the most populous counties to produce long-sought local-level BRFSS estimates. The rest of the state was divided into three regions consisting primarily of rural counties. This second comprehensive BRFSS report uses the data from the 2001 BRFSS Survey and includes county-level estimates. We hope that the information provided in this report will assist public health program administrators and others in planning health improvement programs for the residents of North Carolina.

Topics included in this report cover the following categories: general health status, health care access, physical activity, high blood pressure, blood cholesterol, asthma, arthritis, immunization, smoking, other smoking indicators, environmental tobacco exposure, other tobacco products, substance abuse, alcohol consumption, cancer prevalence, skin cancer risk, firearms, disability, osteoporosis prevention, HIV/AIDS, diabetes, oral health, colorectal cancer screening, prostate cancer screening, nutrition, weight control, heart attack/stroke symptoms, cardiovascular disease, folic acid use, family planning, sexual behavior, alternative medicine, sexual and physical assault, and quality of life.

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An electronic version of this report is available on the State Center for Health Statistics web site: <http://www.schs.state.nc.us/SCHS/pubs>.

For more information about the BRFSS, visit the CDC's BRFSS web site: <http://www.cdc.gov/nccdphp/brfss>. The CDC's *BRFSS At-A-Glance* publication is available at <http://www.cdc.gov/nccdphp/brfss/at-a-gl.htm>.

Sampling

North Carolina used a disproportionate stratified sampling (DSS) design for its 2001 BRFSS. In the DSS design, the universe of all North Carolina telephone numbers was disproportionately stratified by density of household telephone numbers. The high-density stratum (also referred to as 1+ blocks or banks) consists of telephone numbers that are expected to contain a large proportion of households. The low-density stratum (0